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Supplemental Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	DIAGNOSTIC MARKERS OF STROKE AND CEREBRAL INJURY AND METHODS OF USE THEREOF
Attorney Docket Number::	071949-5407
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Gunars
Family Name::	Valkirs

City of Residence:: Escondido
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 2893 Paseo del Sol
City of mailing address:: Escondido
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92025

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffrey
Family Name:: Dahlen
City of Residence:: San Diego
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 10555 Kemerton Rd.
City of mailing address:: San Diego
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 92126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Howard

Family Name:: Kirchick
City of Residence:: San Diego
State or Province of CA
Residence::
Country of Residence:: US
Street of mailing address:: 5449 Panoramic Lane
City of mailing address:: San Diego
State or Province of mailing CA
address::
Postal or Zip Code of mailing 92121
address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kenneth F.
Family Name:: Buechler
City of Residence:: San Diego
State or Province of CA
Residence::
Country of Residence:: US
Street of mailing address:: PO Box 77
City of mailing address:: Rancho Santa Fe
State or Province of mailing CA
address::
Postal or Zip Code of mailing 92067
address::

Correspondence Information

Correspondence Customer Number:: 30542**E-Mail address::** PTOMailSanDiegoNorth@FoleyLaw.com**Representative Information**

Representative Customer Number::	30542	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application			12:00:00 AM
This Application	Continuation-in-part of	10,371/149	02/20/2003
10,371/149	Continuation-in-part of	PCT/US02/26604	08/20/2002
PCT/US02/26604	An application claiming the benefit under 35 USC 119(e)	60/313,775	08/20/2001
PCT/US02/26604	An application claiming the benefit under 35 USC 119(e)	60/334,964	11/30/2001
PCT/US02/26604	An application claiming the benefit under 35 USC 119(e)	60/346,485	01/02/2002
10,371/149	Continuation-in-part of	10/225,082	08/20/2002

10/225,082	An application claiming the benefit under 35 USC 119(e)	60/313,775	08/20/2001
10/225,082	An application claiming the benefit under 35 USC 119(e)	60/334,964	11/30/2001
10/225,082	An application claiming the benefit under 35 USC 119(e)	60/346,485	01/02/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information**Assignee name::**

Biosite Incorporated